



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
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Boise, Idaho 83720-0036
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June 4, 2008

Steve Silberberger
Seven Oaks Community Homes - Stephanie
3940 West 5th Avenue #C
Post Falls, Idaho 83854

RE: Seven Oaks Community Homes - Stephanie, Provider #13G054

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure survey of Seven Oaks Community Homes - Stephanie, which was conducted on May 30, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. ~~What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;~~
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

Steve Silberberger

June 4, 2008

Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **June 17, 2008**, and keep a copy for your records.

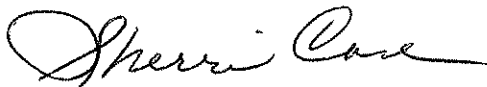
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

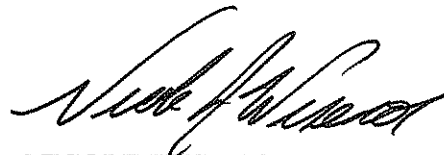
This request must be received by June 17, 2008. If a request for informal dispute resolution is received after June 17, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



SHERRI CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

SC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G054	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/30/2008
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - STEPHANIE			STREET ADDRESS, CITY, STATE, ZIP CODE 615 NORTH STEPHANIE STREET POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during your annual recertification survey. The survey was conducted by: Sherri Case, LSW, QMRP Common abbreviations/symbols used in this report are: G-tube - Gastric feeding tube 483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure outside services were sufficiently coordinated for 1 of 2 individuals (Individual #1) whose educational services were reviewed. This resulted in the outside services not being sufficiently coordinated to consistently meet the individual's medical and educational needs. The findings include: 1. Individual #1's 8/15/07 Individual Program Plan stated he was of school age and was diagnosed with severe mental retardation, seizure disorder, and cortical blindness. He was admitted to the facility on 7/22/07. A gastric feeding tube was placed on 3/18/08 due to vomiting and aspiration pneumonia. An observation was conducted at Individual #1's school on 5/28/08 from 8:40 - 9:20 a.m. Upon	W 000	<div style="text-align: center;"> <p>RECEIVED</p> <p>JUN 17 2008</p> <p>FACILITY STANDARDS</p> </div>		
W 120	W 120	W120 It is the facility's policy to communicate and coordinate with school to facilitate consistency and to ensure that appropriate services are provided. There is, and has been, frequent and regular communication with the school including a daily communication log, frequent visits in the class room setting by the home supervisor, training and communication provided by the facility's nursing staff, as well as participation in annual staffings and IEP meetings. The Facility agrees that the initial training provided by the nurse was inadequate and would like to note that it was the facility's follow up with the school as part it's regular effort to coordinate with and ensure that a good program is provided, that identified the need for additional training. The initial training had been provided on a Thursday and when contacted on the following Wednesday the school indicated that no written direction had been provided and requested same. This was provided the following day and additional training was provided as well. The nursing staff who was responsible for the initial training received further training and direction to ensure that future training would be appropriate. Since that time the nurse involved has left the organization and a new nurse has been hired.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Charles Ricketts

Program Director

6-17-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 120	<p>Continued From page 1</p> <p>entering the classroom, it was noted he was sleeping in a hammock chair, and was receiving his nutrition via a g-tube. No other students were noted to be in the room.</p> <p>When asked about the noted observation, the teacher stated it required a minimum of 3 hours for Individual #1 "to eat" and this limited participation with his peers as the feeding pump required an electrical outlet. She stated Individual #1 enjoyed being with his peers and it would be beneficial to have a battery operated feeding pump to allow him to participate in class activities. When his peers returned to the room, at 9:10 a.m., Individual #1 appeared to be more alert as evidenced by him moving his head and opening his eyes</p> <p>When asked if the facility had provided training regarding the use of the g-tube the teachers (two were present) stated the training was "quick" and they did not feel they were given enough time to ask questions. Both expressed concern they had not received written instructions regarding the g-tube until they requested them 5 days after Individual #1 returned to school with the feeding pump. They stated Individual #1 was currently the only student to use a feeding pump, and it would have been helpful to have written instructions the day he returned to school.</p> <p>During the observation it was noted Individual #1's pants were unbuttoned. When asked about this the teacher stated the pants were "too tight" and they unbuttoned them about 90% of the time. When asked if a written log was used by the facility for communication the teacher stated there was a daily communication book, however, there was minimal information noted in the book.</p>	W 120	<p>W120 continued</p> <p>As part of her training, the need for consistent communication with the school staff as well as home staff regarding health care concerns, including written directions and procedures as appropriate has been emphasized. The Administrator and the Home supervisor will continue to monitor coordination and communication with the school on a monthly basis throughout the school year.</p> <p>Completion Date: June 6, 2008 By Whom: Administrator and Home Supervisor</p>		

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W 120	<p>Continued From page 2</p> <p>During interview, on 5/29/08 from 2:05 -3:20 p.m., the QMRP stated Individual #1 enjoyed being social and it would be beneficial for him to have a battery operated pump. She also stated the school should have been provided written instructions for Individual #1's g-tube prior to his returning to school with the feeding pump.</p> <p>The facility failed to ensure consistent coordination with the school occurred for Individual #1.</p>	W 120			

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MM733	16.03.11.270.01(e) Treatment Standards Treatment programs and services provided by the facility or for residents by other agencies or persons outside must meet the standards for kind and quality of service as required by these standards, and all contracts must stipulate that these standards will be met. This Rule is not met as evidenced by: Refer to W120.		MM733	MM733 Please refer to W120	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

G8LA11

TITLE

Program Director

(X6) DATE

6-17-08

If continuation sheet 1 of 1